

Elizabeth and Erica's Story¹

Elizabeth is the parent of Erica who was fifteen years old and a freshman in high school when they first came for services from the mental health system. Within two months of the school year, Elizabeth observed significant changes in Erica's behavior. She began to have mood swings, had erratic bursts of anger, she had changed friends, and would leave home in the middle of the night. Along the way, Elizabeth found out that Erica was "experimenting" with drugs and alcohol, but she still hoped it was normal adolescence. Eventually, Erica was caught at school with alcohol on her breath. She became violent with Elizabeth and other family members and soon it became obvious that Erica's drug use was very serious.

Erica has two younger siblings, one with Down's Syndrome, and her father and mother were divorced. Erica's father had remarried. Erica's treatment began with outpatient counseling, which did not work out well and then the family attempted the community approach, which also did not work out well for Erica. Her behaviors became unmanageable and physical violence became her coping mechanism. Eventually it became impossible for the family to keep Erica safe and she was admitted to a treatment facility that specialized in dually diagnosed adolescents. She was admitted in April of her freshman year in high school and would not return to the community until October.

The treatment center provided family therapy for one hour each week, but the family issues were so intense that it did not prepare them well for Erica's discharge. Meanwhile, Elizabeth, too, was struggling with her own substance abuse issues. Erica returned home clean and sober, but it did not take long before the "bottom fell out" for this family as a whole. Erica was committed to her treatment and recovery, but her family was still in survival mode and was unable to properly support to her. Luckily when Erica turned 16, a case manager was assigned and the System of Care approach and Child and Family Teams began for the family. At this point in the interview I asked Elizabeth specific questions about the CFT process and her answers were as follows:

Q: Who participated in the Child and Family Team (CFT) meeting?

A: Erica was always there; her sisters and parents, stepmother, case manager, family friend/advocate, and a CBS worker (who happened to be a therapist by trade). No one was needed from other agencies, such as the schools. Erica did not have an IEP and she was doing well in school at this time. Our family was not involved with any other agencies.

¹ Bibba Dobyns, DMH Training and Technical Assistance, conducted this interview on September 3, 2004.

Q: Why was it significant to bring this large group together for a meeting?

A: Team members articulated that the family members were partners and that the professionals served as consultants. The group effort made it a comfortable place. I was exhausted and it would take a group to ensure the success of this family's plan.

Q: Can you describe the CFT meeting for me?

A: From the beginning, the family drove the agenda and the team did not "finger point". The team focused on what was not working and how to find working solutions. Issues were put on the table. The case manager tried to lighten the meeting to make environment comfortable for Erica and family by bringing food to the meetings. But we had many family issues that had to be dealt with and food helped.

The CFT agenda was named "Erica's Team Meeting" which gave her some power. The meeting was always strengths-based and if someone in the group became too negative, a team member redirected that person. Each meeting the team reviewed the strengths of Erica and our family. Next steps included addressing immediate needs, and then we talked about potential upcoming issues. The strengths list helped keep us focused and reminded me that Erica and our family had strengths. Meetings were long in the beginning, but the group decided to limit the time. We usually met monthly for one to two hours.

Q: You had not had a case manager before for Erica but you had treatment plans written before. Why do you think the CFT process worked?

A: The case manager could connect with Erica and she was well educated so she was able to communicate with team members at any level. Her heart had brought her to this work, so she showed compassion for us. She processed many times with me before and after meetings and she prepared me for meetings.

In the meetings we were always dealing with issues above board. The meeting offered a "template" to work within. The team looked at the family dynamics in the development of the plan. This process provided an opportunity for me and Erica's stepmother to unite and became friends on behalf of the plan. The opportunity created a venue for us to partner as co-parents. As parents we were unified in decision-making and plan implementation. The team helped facilitate decisions between Erica's father and me, who I had difficulty communicating with in the beginning.

The case manager found a therapist who was experienced in work with adolescents with substance abuse. This particular therapist was working as a CBS worker and it was a perfect match for Erica. The case manager made sure she found the best match and this made all the difference in the world for our family.

This CFT team and Erica also knew that she could not be safe because of what was happening within the family and within the community. I was dealing with my own recovery issues for the first time. We needed to keep Erica safe where she could continue her commitment to her recovery.

This team responded to our entire family's needs. They responded to Erica's desire and need to live somewhere else away from her mother. Then the team supported the other family members. Strategies were incorporated into the plan to support me in my recovery. At one point, Erica was acting out toward her sister, Olivia with Down's Syndrome. The team built strategies into the plan that would provide Olivia assertiveness training so that she could respond appropriately to Erica's actions. We developed a "whole family" plan.

Q: I have known a lot of "groups" that have come together to develop plans before, but they were not always successful. What do you think were the elements of this process that made it so successful for you and Erica?

A: The group or team approach to planning gave me guidance as a mother. It gave me something to hang onto. I was eventually able to let go and accept help – and got practical guidance on how to help Erica.

No one blamed the family for Erica's problems and we were assured that we were important in Erica's life. As a parent I was respected and treated like a partner even though I was struggling with my own recovery issues.

Erica moved away but CFT meetings continued and services remained in place. The team found natural supports for Erica, a non-traditional placement with extended family support. The CFT process kept our family and Erica connected. Flexible services and an effort to match service providers to Erica and the family's needs were key elements to our success. Because of relationships that were built, because of confidentiality, and because of honesty, this family was able to get their "secrets" on the table and get down to the work. This team table was a safe place to go and the team responded quickly if need be.

Q: In summary, what were the most important aspects of the CFT process verses just having Case Management services provided?

A: This process provided a "whole family approach". Every meeting considered the entire family's needs and the plans developed reflected that. The providers, both case manager and CBS worker, were well matched to our family's needs. Everyone came to the planning table and shared honestly, even when it wasn't easy. And I didn't have to try fixing things by myself!